

Public Health State Coordinating Council ~ Executive Committee Meeting

Office of Dora Mills
Key Bank Building, 8th Floor, Augusta, ME

Minutes of Tuesday April 15, 2008

2:00-4:00

Members Present: Joanne Joy, Co-Chair, Dora Anne Mills, and by phone, Daryl Boucher

Members Excused: Deborah Irons-Erickson, Shawn Yardley, Dennise Whitley, Co-Chair

Guests: by phone, Mark Griswold

LHO Update:

Mark and Dora reported that the LHO proposed changes passed and will be submitted to the Secretary of State in the next few weeks.

- There is a planned mailing to the LHOs in the upcoming weeks to correct mailing and other information.
- There is no firm timetable for the trainings yet, although Mark is hopeful that one or two beta trainings can happen the summer of 2008
- There is a completion date for the initial trainings of June 2009, but Dora reported that there is a 6-month grace period.

CCHC Snapshot Update:

Joanne reported that she had met with Becca Matusovich and Andy Finch and there is a design in process for a 2 page (1 sheet, front and back) format being designed by Andy, and piloted by Joanne and Deb Erickson-Irons in process. Core information to be gathered will be Coalition name, population, geography and the DHHS District.

There is a need to re-brand the entire grantee identity as HMP to include all of the work of the coalitions under one umbrella that included Core Coalition Functions, 10EPHS, and the Categorical Work of prior HMP focus and of Substance Abuse prevention and the funded School pieces and that is flexible enough to be the umbrella for other various public/community health efforts.

- So this snapshot is intended to capture coalition core work, categorical work, and schools in a funding chart and a staffing chart including staffing through sub-recipients/mini-grants.
- There will be a 5 questions/ text boxes
 - Unique assets of the Local Service Area
 - Unique challenges of the LSA
 - Description of the structure of the coalition governance, HMP advisory group, committees, etc.
 - Description of decision-making practices
 - How are decisions made about who to engage at the community level

Snapshot Action:

Recommend moving forward on the rebranding activities ASAP for clarity for the broad citizenry of the state, legislators, community members and the grantees themselves. There is a real need to market the new public health infrastructure and the additional roles/responsibilities/activities.

CCHC Measurable Competencies

We discussed two levels of Measurable Competencies are needed and we should begin ASAP. Dora reported that accreditation may be required in 3 years, and we should be ahead of the requirements.

- Workforce competencies for the director role. Daryl found a web source at Public Health Foundation, Train National that includes competencies aligned with 10 EPHS, and with the Domains. <http://www.phf.org/Link/prologue.htm> and <http://www.phf.org/competencies.htm>
- Competencies for the Coalition and perhaps the District Coordinating Councils as the parts of the local public health systems

Competencies Action

Convene workgroups that presents a draft process for measurable competencies for

1. Directors/staff (workforce) based on the information on the website above and to 10 EPHS
2. Local Coalitions/ Board/ Partners based on the work by the prior committee of the Public Health Workgroup and the competencies that were a part of the RFP
 - a. Reconvene the CCHC Workgroup that developed the competencies
 - b. Involve the Office of Local Public Health (Chris Lyman) to co-chair the process. Joanne will assist
 - c. Hold two meetings in the near future
 - i. One to hammer out and prioritized competency measurements and deliverables (May)
 - ii. Second to take place on June 26 in the morning to finalize work and prepare to present to the full SCC in the afternoon of the 26th.
 - iii. The goal would be for 1-2 sets of measurable competencies in each area ready to be considered and discussed at the June 26th SCC, and vetted at the 2nd District Coordinating Council meeting in each District

Maine CDC PH Units and District Liaison Update:

Two (Sanford, Rockland) of the 3 Public Health Units are located in the same building and the Liaisons are becoming integrated into these systems. It is more difficult for the 3rd Liaison (in Lewiston) where the co-location is still not complete. The Liaisons are very busy both with their public health peers and in providing technical support to the HMPs in their Districts.

DCC Start-Ups Update: Mark reported that Gary Stern, Mariann Amrich, and he are working with a couple of districts to help them work toward the DCC meetings, the Mark and Chris Lyman are working with others, and that all are likely to meet the goal of a first meeting by the end of June 2008.

SCC Membership Discussion

We reviewed the January 4, 2008 report to the 3 legislative committees. The existing list of members was found in Appendix A. Upon review we added a few categories, and discussed what the addition of 8 representatives of the districts might mean, the possibility that fewer coalition representatives might be needed, and that the populations with the most health disparities are not currently at the table. It was decided that individuals can wear more than one hat but that the additional identity must be clearly noted in membership lists and a role that the individual clearly understands and embraces actively

Below is the list of categories of membership categories from from LD 1812, Spring 2007 (Resolve 114) found at <http://janus.state.me.us/legis/ros/lom/LOM123rd/RESOLVE114.asp>

- Notes about the organization that might fill the position in parentheses and italics
- Name of individual in that membership position at the time of the last PHWG report. If the membership category column is empty, the person falls into the category immediately above.

	Membership Category	Organizational Option	Name
1	statewide family planning organization	<i>(FPAM)</i>	George Hill
2	aging agencies		Graham Newson
3	emergency medical services		Daryl Boucher
4	county commissioners		Nancy Rines
5	municipal elected officials	<i>Maine Municipal Association</i>	Kate Dufour
6	municipal health departments	<i>Portland and Bangor</i>	Julie Sullivan
7			Shawn Yardley

8 .	local health officers		Rep. Lisa Miller
9 .	small and large hospitals	<i>ask MHA</i>	Sandy Parker
1 0 .	community health centers	<i>MPCA</i>	Barbara Ginley
1 1 .	public health organizations and associations	<i>MPHA MNHC</i>	Deborah Erickcon-Irons
1 2 .			Becky Smith
1 3 .	health care providers	<i>ask MMA/MOA</i>	Joel Kase
1 4 .	behavioral health provider organizations	<i>Richard Weiss?</i>	Chris Copeland
1 5 .	substance abuse prevention organizations		Mallory Shaughnessy
1 6 .	substance abuse treatment providers		Guy Cousins
1 7 .	emergency management officials		Kelly Amoroso
	community social services agencies		<i>NO REPRESENTATION</i>
1 8 .	statewide voluntary health agencies	<i>AHA, ALAM, ACS, MCD Div of Community Health, MCPH</i>	Megan Hannan
1 9 .			Dennise Whitley
2 0 .			Ed Miller
2 1 .	comprehensive community health coalitions	<i>possible maximum of 5, including HMPs representing DCCs</i>	Leah Binder
2 2 .			Marla Davis
2 3 .			Joanne Joy
2 4			Eleody Libby

2 5 .			Robin Mayo
2 6 .			Doug Michael
2 7 .			Bill Primmerman
2 8 .	education and training institutions	<i>USM, UNE, ?U Maine</i>	Andy Coburn
2 9 .			Becky Whittemore
3 0 .	environmental health organizations	<i>Mike Belliveau's organization</i>	Lani Graham
3 1 .	school administrative units	<i>Add School Nurses?</i>	Richard Lyons
3 2 .	tribal representatives		Lisa Sockabasin
3 3 .	the Department of Health and Human Services' Maine Center for Disease Control and Prevention		Becca Matusovich
3 4 .			Dora Ann Mills
3 5 .	Office of Substance Abuse		Guy Cousins
3 6 .	Department of Education		David Stockford
3 7 .	Governor's Office of Health Policy and Finance		Trish Riley
3 8 .	Miscellaneous		Sen. Richard Rosen
3 9 .			Susan Savell
4 0 .			Meredith Tipton
	There must be representatives from all 8	<i>would like to add a</i>	

	public health regions	<i>representative from each of 8 DCCs</i>	
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The Public Health Work Group may not have more than 40 members.

Membership Action

- Should assure SCC members also represent diverse backgrounds – minorities, geographical, underserved, etc.
- Should consider secondary representations – members representing more than one organization or interest area
- Should draft SCC Membership Responsibilities and SCC Charter – See purpose statement from the PHWG Report to the Legislature below as a possible starting point

Draft Agenda for SCC 12:30-4:30 will be developed by Co-Chairs in collaboration with the other Executive Committee members at the next meeting. Dissemination will be through Michelle Monroe at MeCDC.

The agenda will come include discussion and approval of the core SCC roles and responsibilities that come directly from the final PHWG report section about the SCC included below in its' entirety

Statewide Coordinating Council (SCC) from the PHWG Report to the Legislature 12/31/07

A Statewide Coordinating Council (SCC) will build on the work of the PHWG to implement a statewide public health infrastructure that streamlines administration, strengthens local community capacity, and assures a more coordinated system for delivery of essential public health services. The SCC will be the representative body for review and guidance to the Maine CDC on strategic state level policies related to the aligned system of Local Health Officers, Comprehensive Community Health Coalitions, District Coordinating Councils, and on other policy issues directly related to public health infrastructure, roles and responsibilities, system assessment and performance, and national accreditation.

The Statewide Coordinating Council will be appointed and convened by the Maine CDC and Governors Office of Health Policy and Finance and will include a member from each District Coordinating Council. The SCC will meet at least quarterly and will report annually on the status of Maine's public health infrastructure to the Governors Advisory Council on Health Systems Development and the Legislature's Health and Human Services Committee.

**January 4, 2008 Report to the Joint Standing Committees on Health and Human Services, State and Local Government, and Criminal Justice and Public Safety*

Below is a restatement that may guide the discussion and decisions.

Public Health Statewide Coordinating Council will implement a statewide public health infrastructure that

- streamlines administration
- strengthens local community capacity, and
- assures a more coordinated system for delivery of essential public health services.

Membership

- representative body
- appointed and convened by the Maine CDC and Governors Office of Health Policy and Finance
- include a member from each District Coordinating Council

Activities

- Provides review and guidance to the Maine CDC on strategic state level policies related to:
 - the aligned system of Local Health Officers,
 - Comprehensive Community Health Coalitions,
 - District Coordinating Councils, and on
 - other policy issues directly related to public health infrastructure, roles and responsibilities, system assessment and performance, and national accreditation.

Meetings

- at least quarterly

Report

- annually on the status of Maine's public health infrastructure to the Governors Advisory Council on Health Systems Development and the Legislature's Health and Human Services Committee

Next SCC Executive Committee Meeting is scheduled for **Tuesday, May 13, from 2:00-4:00 at Dora's office** on the 8th floor of the Key Bank Building in Augusta. There will be call-in capacity.